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** CONTINUING DATA ***** This appln claims benefit of 60/143,134 07/09/1999 <i>OK SBC</i>				
** FOREIGN APPLICATIONS ***** <i>None SBC</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/31/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SBC</i> Verified and Acknowledged <i>SBC</i> Examiner's Signature Initials		STATE OR COUNTRY DC	SHEETS DRAWING 25	TOTAL CLAIMS 83
				INDEPENDENT CLAIMS 6
ADDRESS 33883				
TITLE Attenuated human-bovine chimeric parainfluenza virus(PIV) vaccines				
FILING FEE RECEIVED 3748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	